

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4381

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5239

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>St. Joseph Hosp.</b>		Length of stay in lb <b>21 yrs.</b>	d. STREET ADDRESS <b>2621 Mersington</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BERTHA</b> Middle <b>REGINA</b> Last <b>HENSLEY</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>7</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2- DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 2, 1893</b>		9. AGE (In years last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waitress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School Cafeteria</b>	11. BIRTHPLACE (City and state or country) <b>Altoona, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Gibb Muckey</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa McCallen</b>		14. NAME OF HUSBAND OR WIFE <b>Jas. Thomas Hensley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>None</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT Address <b>Hollis Hensley, 826 So. Cottage, Indep., Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>					<b>10 years</b>
DUE TO (c) <b>Generalized Arteriosclerosis</b>					<b>10 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension, arteriosclerosis</b>					19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>332 X</b>		
20c. TIME OF INJURY Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>15 July 1951</b> to <b>7 November 57</b> and last saw her alive on <b>7 Nov 57</b> Death occurred at <b>8:05 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>R. Glenn Elliott M.D.</b>			22b. ADDRESS <b>1102 Grand KPC6 Mo</b>		22c. DATE SIGNED <b>NOV 8 1957</b>
23a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		23b. DATE <b>Nov. 10, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Whorton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Bosworth, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>George C. Carson, Independence, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>11-8-57</b>		26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>

(Licensed Embalmer's Statement on Reverse Side)



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *A. Kenneth Patterson*

Licensed Embalmer No. *4697*

P. O. Address *Indy, Ma.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.